





## Brighton's Help For Homes for Seniors and the Disable 2016 APPLICATION

## All personal information is necessary, but confidential

NAME		_ DATE	
ADDRESS			
PHONE			
Personal Information			
1. Are you 60 or older?	Yes □	No □	
2. Are you permanently physically d	isabled?	Yes □	No 🗆
3. Do you receive SSDI Disability?	Yes □	No □	
4. Do you live alone?	Yes □	No □	
5. If you do not live alone, give the <i>name</i> , <i>age and relationship</i> of those who live with you.  Name  Age  Relationship			
6. What is your average monthly inco			
7. If others (other than spouse) live is of the household? Yes $\Box$	•	•	tribute financially to the running

## **Home Information** 1. Do you own your own home? Yes $\square$ No $\square$ 2. What year was your home built? 3. Name the **three** outside home repairs or improvements that you would most like to see done at your home. (Time and money limitations may not permit all of these things to be done.) □ Painting ☐ Yard Work □ Bush / Limb Removal ☐ Gutter Cleaning ☐ Fascia / Soffit Repair ☐ Fencing Repair 4. Have you received help in the past from Help for Homes? Yes $\square$ No $\square$ To the best of my knowledge the above information is correct. Yes $\square$ No $\square$ Applicant's Signature Date

Applicants must supply the following documentation with the completed application: (All information will be private and confidential)

- □ Copy of Letter from Social Security with Monthly Amount and / or
- □ Copy of Letter documenting SSDI Monthly Amount, if disabled
- □ Verification of Home Ownership (such as property tax form)
- □ Proof of Living in Home (such as United Power bill)

Please note that we will do our best to serve as many citizens as funding allows.

Deadline is March 24.

Return all applications with required attachments to the Eagle View Adult Center, 1150 Prairie Center Parkway, Brighton, Colorado 80601 Attention: Ermie Marquez. For more information, call 303-655-2075.